

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01975

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 37 years
 Hospital, institution, or street address where death occurred:
Mariners Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Mariners Road, Rt. # 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Marie Mrohs Ankla

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Rudolph Ankla
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 1, 1868
 8. AGE: Years 79 Months 6 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Treppendorf, Germany
 (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business

FATHER 12. Name Robert Potter
 13. Birthplace Treppendorf, Germany
 MOTHER 14. Maiden name (Unknown) Potchik
 15. Birthplace Treppendorf, Germany

16. Informant Robert Mrohs
 Address Crisfield, Md. Rt. # 1
 17. Burial Date thereof Feb. 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge Cemetery
 Location RURAL, Crisfield, Maryland

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. 2/28 19 48 Janice E. Spina
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 19 48 at 5:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 21 19 48 to Feb. 24 19 48and that I last saw him alive on Feb. 23 19 48Immediate cause of death Cerebral Hemorrhage DURATION 3 daysDue to Cerebral arteriosclerosis ?Due to General arteriosclerosis ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Janice E. Spina M. D. or otherAddress Crisfield, Md. Date signed Feb. 27, 1948

RECEIVED

MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01976

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset
 City or town Marion Sta., Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset
 City or town Marion Station
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ollie Bell

3. (b) Social Security Number

4. Sex M. 5. Color or race C. 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1890

8. AGE: Years 57 Months 5 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Marion Sta. Somerset, Md.
 (Town, county, and state)

10. Usual occupation Labor

11. Industry or business _____

12. Name Harmon Bell13. Birthplace Marion Sta., Md.14. Maiden name Anna Dixon15. Birthplace Marion Sta., Md.16. Informant Olivia WrightAddress Millen Beck, Va.

17. Burial Date thereof Feb. 24, 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Branch CemeteryLocation Marion Sta., Md.18. Funeral director Charles H. WardAddress Marion Sta., Md.

19. Feb. 24th 48 19. Nellie Dwyer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1948 at 3:45 M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from about 1948 and that I last saw him when he was killed 19 48

Immediate cause of death _____ DURATION _____

Natural Cause
due to exposure
to frost & skin
stripped of flesh

Due to Arterio Sclerosis
 Other condition for William H. Condon, M.D.

(Include present and past medical history) DEPUTY MEDICAL EXAMINER

Major findings of operations FOR SOMERSET COUNTY, MD.

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide. Natural Cause Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Signature Wm H Condon M.D.Address Lansfield Rd 2/23/48

Date signed _____

RECEIVED

MAR 1 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Rural, Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 Jacksonville Rd.
 Now long in hospital or institution?..... *****

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Rural, Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Jacksonville Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... *****

3. (a) FULL NAME

NOAH BENJAMIN DIZE

3. (b) Social Security Number

4. Sex Male	5. Color or race White	6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Lillian Dize Deceased		
7. Birth date of deceased (mo., day, yr.) October 11, 1869		
8. AGE: Years 78	Months 4	Days 18 hrs. min.
9. Birthplace Crisfield-Somerset-Md. (Town, county, and state)		
10. Usual occupation Retired Waterman		
11. Industry or business Seafood		
12. Name Noah E. Dize		
13. Birthplace Smith Island, Md.		
14. Maiden name Sarah Daugherty		
15. Birthplace Crisfield, Md.		
16. Informant Earl Dize Address Crisfield, Md.		
17. (Burial, cremation, or removal. Which?) Date thereof March 2, 1948 (month) (day) (year) Cemetery or crematory Sunny Ridge Memorial Pk. Hopewell, Crisfield, Md. Location H. Harvey Bradshaw 18. Funeral director Crisfield, Md. Address		
19. Mar. 2, 1948 (Date rec'd by registrar)		

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29, 1948, at 2:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1947, to Feb 29, 1948 and that I last saw him alive on Feb. 29, 1948

Immediate cause of death Acute dilatation of heart - Uremia

Other conditions Chronic Int Nephritis, Chronic myocarditis

Other conditions Carcinoma prostate 1 x 2

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE George C. Coulson M.D.
 Address Marion, Md. Date signed Mar 2, 1948

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MAR 12 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01978

Reg. Dist. No.

260

1. PLACE OF DEATH:

County Somerset
 City or town Upper Hill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 65
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset
 City or town Upper Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Roger Fields

3. (b) Social Security Number

227-03-1517

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M.Col.Married6. (b) Name of ~~husband~~ wifeWinifred Fields6. (c) If alive, give age 67 years7. Birth date of deceased (mo., day, yr.) Oct. 6, 1882

8. AGE: Years Months Days If less than one day

65

hrs. min.

9. Birthplace Upper Hill, Somerset, Md.
(Town, county, and state)10. Usual occupation Labor

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

2 11 48

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

2 11 4819 48A. N. Johnson Md.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 48 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/29/47 19. to 2/6/48 19.and that I last saw him 11/29/47 alive on 1/15/48 19.

Immediate cause of death

Carcinoma of Stomach

DURATION

6 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Inoperable carcinoma of StomachAutopsy results same Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. B. Whalen M. D. or otherAddress Assessors Ave Date signed 2/9/48

RECEIVED

FEB 12 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
Lifetime
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Main Street
 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3 Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war -----

3. (a) FULL NAME

WILLIAM P. HORSEY

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
8. (b) Name of husband or wife <u>Edith Crow Horsey</u> <u>Deceased</u>		
7. Birth date of deceased (mo., day, yr.) <u>March 12, 1853</u>		
8. AGE:	Years <u>94</u>	Months <u>11</u>
	Days <u>13</u>	If less than one dayhrs.min.
9. Birthplace <u>Crisfield-Somerset-Md</u> (Town, county, and state)		
10. Usual occupation <u>Retired Merchant-Banker</u>		
11. Industry or business <u>Dep't Store</u>		
FATHER	12. Name	<u>Albert R. Horsey</u>
	13. Birthplace	<u>Somerset Co., Md</u>
MOTHER	14. Maiden name	<u>Leah Nelson</u>
	15. Birthplace	<u>Somerset Co., Md</u>
16. Informant <u>Frank P. Landon</u> Address <u>Crisfield, Md</u>		
17. (Burial, cremation, or removal, Which?) Date thereof <u>Feb 29, 1948</u> (month) (day) (year) <u>Crisfield Cemetery</u> Cemetery or crematory <u>Crisfield, Maryland</u> Location <u>H. Harvey Bradshaw</u> 18. Funeral director <u>Crisfield, Md</u> Address		
19. <u>2/28</u> 19 <u>48</u> (Date rec'd by registrar)		

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25, 1948 at 12:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Feb 16 19 48 to Feb 25 19 48
 and that I last saw him alive on Feb 25 19 48
 Immediate cause of death
Cerebral Hemorrhage
 Due to Cerebral arteriosclerosis
 Due to Generalized arteriosclerosis
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE S. W. Peyton M.D.
 M. D. or other
 Address Crisfield, Md Date signed Feb 27, 1948

01979

RECEIVED

MAR 2 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

01980

1. PLACE OF DEATH:

County SomersetCity or town Crisfield, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 8 Hudson St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Thomas Theo Howard

3. (b) Social Security Number

17-09-6665

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Geraldine Howard

7. Birth date of

deceased (mo., day, yr.)

Oct. 7, 1917

6. (c) If alive, give age

years

8. AGE:

Years

30

Months

4

Days

19

If less than one day

hrs.

min.

9. Birthplace

Crisfield, Md.

(Town, county, and state)

10. Usual occupation

Watch repair

11. Industry or business

MOTHER FATHER

12. Name

Oscar F. Howard

13. Birthplace

Crisfield, Md.

14. Maiden name

Vida Tyler

15. Birthplace

Crisfield, Md.

16. Informant

Address

Crisfield, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Feb. 29, 1948

(month) (day) (year)

Cemetery or crematory

Crisfield

Location

Crisfield, Md.Hubbard & Covington

18. Funeral director

Address

Main St. Crisfield, Md.

19.

(Date rec'd by registrar)

19

48Janice E. Spies

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 19 48 at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1219 48to Feb. 2619 48and that I last saw him alive on Feb. 26 19 48

Immediate cause of death

Pneumonia & Intestinal
Infection

DURATION

Due to

Due to

Other conditions

Summation of
Malignancy unknown (4/26/48)

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

S. M. Payton M.D.

M. D. or other

Address

Crisfield, Md.

Date signed

Mar. 1, 1948

RECEIVED

MAR 18 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01981

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Upper Hill, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town Upper Hill, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Adolph Johnson

3. (b) Social Security Number

4. Sex Male 5. Color or race B 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 15, 19358. AGE: Years 12 Months 7 Days 20 If less than one day hrs. min.9. Birthplace Upper Hill, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Joseph Johnson, Jr.13. Birthplace Upper Hill, Md.14. Maiden name Anna Johnson15. Birthplace Orford, Md.16. Informant Joseph Johnson, Jr.Address Upper Hill, Md.17. Burial Date thereof 2-18-48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory St. Anne'sLocation Fairmount, Md.18. Funeral director William St. James Jr.Address Princess Anne, Md.19. 59 48 R. E. Johnson, M.D.
(Date rec'd by registrar) (month) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4, 1948 at 2:45 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4, 1948 to Feb 4, 1948and that I last saw him alive & well 19 48Immediate cause of death accidentaldrowningDue to asphyxiation

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2/4/48Where did injury occur? Upper Hill, Somerset Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Dr. R. E. JohnsonAddress Pr. Anne, Md. Date signed 2/5/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.



01982

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Same as
 City or town Upper Hill Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Somerset
 City or town Upper Hill Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Joseph Johnson

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male B. Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 2nd 1933

8. AGE: Years Months Days If less than one day
14 1 13 hrs. min.9. Birthplace: Upper Hill.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

12. Name: Joseph Johnson, Sr.

13. Birthplace: Upper Hill, Md.

14. Maiden name: Laura Norman

15. Birthplace: Oxford Md.

16. Informant: Joseph Johnson, Jr.

Address: Upper Hill, Md.

17. Burial Date thereof: 2-8-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory: St. Anne's

Location: Fairmount, Md.

18. Funeral director: William H. James Jr.

Address: Princess Anne, Md.

19. 49 48 R. J. Johnson, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4 1948 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Feb. 4 1948, to Feb. 4 1948

and that I last saw deceased on arrival 19

Immediate cause of death: Accidental Drowning

Due to: Asphyxiation

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accidental Date of 2/4/48

Where did injury occur? Upper Hill Somerset Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R. J. Johnson, M.D.

Address: R. Anne, Md. Day signed 2/5/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 268

1. PLACE OF DEATH:

County Somerset
 City or town Danvers Quarters Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Danvers Quarters
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Aubrey Jones

3. (b) Social Security Number

4. Sex Male 5. Color or race Blk 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1886 6.(c) If alive, give age Not Obtainable years

8. AGE: 62 Years Months Days If less than one day
 hrs. min.

9. Birthplace Danvers Quarters
(Town, county, and state)10. Usual occupation Ordinary laborer

11. Industry or business

12. Name Asbury Jones13. Birthplace Danvers Quarters Md14. Maiden name Mary Elizabeth Jones15. Birthplace Danvers Quarters Md16. Informant Theophilus JonesAddress Danvers Quarters Md17. Burial Date thereof Feb 18-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Danvers Quarters MdLocation hickory18. Funeral director Deal Island MdAddress Feb 18th19. 48 Lola T. Wheatley
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17th 1948 9:36 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13th 1948 to Feb 14th 1948and that I last saw him alive on Feb 10th 1948

Immediate cause of death

Paralysis Agitans 9 MONTHS

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldora G. M. Maxman

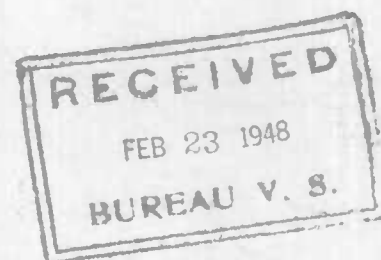
M. D. or other

Address Princess Anne Md Date signed 2-16-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Prince George's
City or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Anne Arundel
City or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

John A. Lawson

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1855

8. AGE: Years 93 Months - Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Marie, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Alfred Lawson

13. Birthplace Marie, Md.

14. Maiden name Emily Lawea

15. Birthplace Marie, Md.

16. Informant Mr. Jesse Phoebeus

Address Princess Anne, Md.

17. Burial (Burial, cremation, or removal. Where?) St. Andrew's Episcopal

Location Princess Anne, Md.

18. Funeral director Carl Bachell

Address Princess Anne, Md.

19. Date rec'd by registrar Feb 20, 1948

Registrar R. S. Gibson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1948 at 12:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1, 1948 to Feb 16, 1948

and that I last saw him alive on Feb. 16, 1948

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

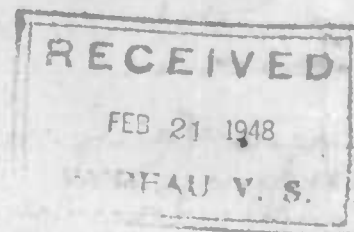
23. SIGNATURE Franklin M. D. or other

Address Princess Anne, Md. Date signed 2/20/48

MARGIN RESERVED FOR BINDING

VS A151 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01985

Reg. Diat. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Weston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Somerset
 City or town Weston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Elijah T Marshall

3. (b) Social Security Number

4. Sex Male 5. Color or race C 6. (b) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Effie E Marshall6. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) Aug 9 - 1886

8. AGE: Years 61 Months 6 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Marion Somerset Co MD
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business _____

12. Name James Henry Marshall13. Birthplace Marion Somerset Co MD14. Maiden name Mary Bennett15. Birthplace Marion Somerset Co MD16. Informant Mrs Effie E MarshallAddress Weston MD17. Burial Date thereof Feb 29, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Liberty cemeteryLocation Marion MD18. Funeral director Chas H WoodAddress Marion MD19. 3/25/48 19 48(Date rec'd by registrar) Registrar R. J. Johnson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 19 48 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him/her alive on _____ 19 _____

Immediate cause of death _____

Other conditions _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Hewy M. Loughford M.D.Address Feb 24, 1948 Date Baltimore

RECEIVED

FEB 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01986

131a

Reg. Dist. No. 265

1. PLACE OF DEATH Route 1 Westover, Md.
 County Rural
 City or town 10 yrs
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution or street address where death occurred:
Route 1-Westover, Md.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Rural Westover, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route 1, near Westover, Md.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
James H. Marshall

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Nora L. Marshall
 5. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 23, 1875
 8. AGE: Years 72 Months 5 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Winston Salem, North Carolina
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Marshall
 13. Birthplace North Carolina
 14. Maiden name Elizabeth Haines
 15. Birthplace North Carolina

16. Informant Fred Marshall (son)
 Address Marion Station, Md.

17. Burial Burial Date thereof Feb. 17, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge
Crisfield, Md.
 Location Hubbard & Covington

18. Funeral director Main St. Crisfield, Md.
 Address

19. 2/17 19 48 Jessie E. Spiner
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15th, 19 48, at 5:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 19 48 to Feb 15 19 48
 and that I last saw him alive on Feb 15 19 48

Immediate cause of death Acute Dis Heart
Coronary occlusion
 Due to Chronic art. reg. infarct
Chronic myocarditis

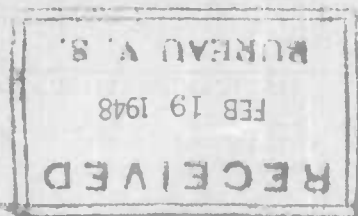
Other conditions General Arteriosclerosis
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Surgeon General M. D. or other _____
 Address Marion Station Date signed Feb 17-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01987

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
121 Chesapeake Ave.
 How long in hospital or institution? *****

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 121 Chesapeake Ave.
 (If rural, give LOCATION)

 2.(a) If veteran, name war.....

3. (a) FULL NAME

ELVA L. MEREDITH

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Sadie Hurley
 6.(c) If alive, give age 65 years
 7. Birth date of deceased (mo., day, yr.) May 6, 1880
 8. AGE: Years 67 Months 9 Days 21 If less than one day
hrs.min.

9. Birthplace Fairmount-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Factory Worker
 11. Industry or business Manufacturing

MOTHER FATHER
 12. Name Hesekiah Meredith
 13. Birthplace Fairmount, Md.
 14. Maiden name Elizabeth Ford
 15. Birthplace Fairmount, Md.

16. Informant Amos A. Meredith
Marion Station, Md.
 Address

17. Burial Date thereof March 1, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Mechanics Cemetery
 Location Fairmount, Maryland

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. 3/3 19 48 Janice E. Spivey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 19 48 at 6:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct. 1 19 46, to Feb 27 19 48
 and that I last saw him alive on Feb 27 19 48

Immediate cause of death acute dilatation of heart. DURATION 1/2 hr

Due to Coronary artery disease 16 months

Due to Arterio sclerosis 2 yrs +

Other conditions Angina pectoris 16 months

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Rawley M.D.
Crisfield M. D. or other
 Address..... Date signed Mar. 1

RECEIVED

MAR 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
County... Somerset
City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
McCreedy Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Somerset
City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. Chesapeake Ave
(If rural, give LOCATION)
World War 11
2. (a) if veteran, name war

3. (a) FULL NAME
Earl F. Morris

3. (b) Social Security Number
216-16-7458

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 14, 1922 6. (c) If alive, give age... years

8. AGE: Years 25 Months 8 Days 22 If less than one day
.....hrs.min.

9. Birthplace... Somerset County
(Town, county, and state)
Heat Treater

10. Usual occupation... Chas. D. Briddel, Inc.

11. Industry or business

12. Name... Fletcher T. Morris

13. Birthplace... Maryland

14. Maiden name... Mary C. Franklin

15. Birthplace... Maryland

16. Informant... Fletcher Morris

Address... Chesapeake Ave

17. Burial Date thereof... Feb. 9, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Sunny Ridge

Location... Crisfield, Maryland

Hubbard and Covington

18. Funeral director

Address... Main St. Crisfield, Md.

19. 2/17 19 48 Janice E. Spires

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH... February 5, 1948 19 48 at 5:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 19 48 to Feb 5 19 48 and that I last saw him alive on Feb 5 19 48

Immediate cause of death... Acute Dil of Heart DURATION 12 hrs

Due to... Emphysema Later Pneumonia

Due to... Chronic Diabetes Mellitus 1 year

Other conditions... Chronic Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op.

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

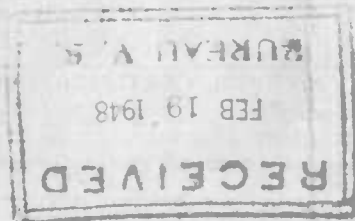
23. SIGNATURE George O. Bullum Jr. M. D. or other

Address... Mason Rd and Date signed... Feb 7, 1948

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01989

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Upper Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County SomersetCity or town Upper Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Martha Parker

3. (b) Social Security Number

4. Sex

Fe.

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Widowed

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years 74Months 1Days 4

If less than one day

hrs. _____ min. _____

9. Birthplace

Upper Hill, Somerset, Md.
(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Edward Washburn

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address 374 County Line Rd. Bryn Mawr

17. (Burial, cremation, or removal. Which?)

Date thereof 2-10-48
(month) (day) (year)Cemetery or crematory Upper HillLocation Upper Hill, Md.

18. Funeral director

Address Marion Street, Md.

19. (Date rec'd by registrar)

19. 48 Registrar R. J. Johnson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1948, at 79 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 11 1947, to Feb 5 1948and that I last saw him alive on Feb 5 1948Immediate cause of death Arteriosclerosisand hypertensionHeart Disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Moten, M.D.Address Princes Anne Date signed 2/7/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
Asbury Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. Asbury Avenue
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Minerva Riggin

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Donizor Nelson

7. Birth date of deceased (mo., day, yr.) March 12, 1868 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
79, 11 0 hrs. min.

9. Birthplace Crisfield-Somerset-Maryland
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Lorenzo Nelson

13. Birthplace Crisfield, Maryland

14. Maiden name Harriett Lawson

15. Birthplace Crisfield, Maryland

16. Informant Mrs. Lewis Ward

Address Asbury Ave., Crisfield, Md.

17. Burial Date thereof Feb. 15, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Asbury Cemetery

Location Crisfield, Maryland

18. Funeral director Gordon S. Lawson

Address Crisfield, Maryland

19. 4/20 19 48 Janice E. Spiner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 19 48 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 19 48 to Feb 12 19 48

and that I last saw her alive on Feb 11 19 48

Immediate cause of death Intestinal obstruction DURATION 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Intestinal obstruction
due to Adhesions Date of op. Oct. 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

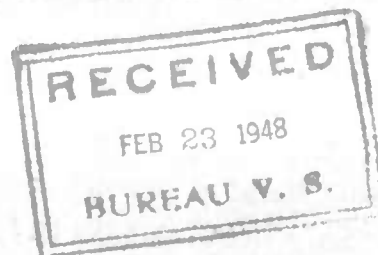
23. SIGNATURE S. W. Peyton W. D.
M. D. or other

Address Crisfield Date signed Feb. 19, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

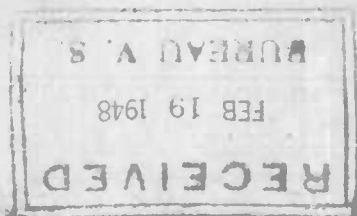
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH Somerset County..... Crisfield, Maryland City or town..... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 97 yrs Hospital, institution, or street address where death occurred: Calvary Road How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Somerset City or town Crisfield (If outside city or town limits, write RURAL and give nearest town) Street No. Calvary Road (If rural, give LOCATION) 2. (a) If veteran, name war			
3. (a) FULL NAME Sarah A. Sears				3. (b) Social Security Number			
4. Sex Female		5. Color or race white		6. (a) Single, married, widowed, or divorced Widow			
6. (b) Name of husband or wife Orin Sears				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) March 1, 1850				8. AGE: Years 97 Months 11 Days 9 If less than one day hrs. min.			
9. Birthplace Crisfield, Maryland (Town, county, and state) Housewife				10. Usual occupation			
11. Industry or business Isaac Lawson				12. Name Crisfield, Maryland			
13. Birthplace Mahala Somers				14. Maiden name Crisfield, Maryland			
15. Birthplace Walter E. Sears (son)				16. Informant Calvary Rd. Crisfield, Md.			
17. Burial Date thereof Feb. 13, 1948 (Burial, cremation, or removal. Which?) Family Burial Ground Cemetery or crematory Crisfield, Maryland Location Hubbard & Covington				18. Funeral director Main St. Crisfield, Md.			
19. 2/19 1948 Janice E. Spivey (Date rec'd by registrar) Registrar				20. DATE OF DEATH Feb. 11, 1948 19 at 5:30P M			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 29 1948 to Feb. 11 1948 and that I last saw him alive on Feb. 11 1948 Immediate cause of death Cerebral Edema				DURATION			
Due to Cerebral hemorrhage				Due to			
Other conditions General arterio-sclerosis				Other conditions			
(Include pregnancy within 3 months of death)				Major findings of operations			
Autopsy results				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of				Where did injury occur? (City or town) (County) (State)			
Injured at home, farm, industry, public place (where?)				Means of injury Injured at work?			
23. SIGNATURE Mary E. Schwartz				Address Crisfield, Md. Date signed Feb. 11/48			

Dr. Swathwa



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01992

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 216 N. Fourth Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Anthony Vass (3rd)

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 9, 1947

8. AGE: Years 2 Months 13 Days hrs. min.

9. Birthplace Crisfield-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER
 12. Name Anthony Vass
 13. Birthplace Yonkers, New York
 14. Maiden name Ada Frances Horsey
 15. Birthplace Crisfield, Maryland
 16. Informant Anthony Vass

Address 216 N. 4th St., Crisfield, Md.

17. Burial Date thereof Feb. 24, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Lawsonia Cemetery

Location Crisfield, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. February 28, 1948 Janice E. Spivey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

about

20. DATE OF DEATH February 22, 1948 at 5 A. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from He was dead when I 19

and that I last saw him 19

Immediate cause of death Died during night DURATION

found dead 8:30

P.A.M. History of

severe cold

probable due to bronchial

pneumonia

Other conditions

Heart Complication

Nothing Cause

Major findings of operations William H. Coulbourn, M.D.

Autopsy results non FOR SOMERSET MEDICAL EXAMINER

PHYSICIAN: Please underline the cause to which death should be COUNTY, MD.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE W. H. Coulbourn M.D. M.D. or other

Address Crisfield Md. Date signed 2/24/48

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01993

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Hopewell Station
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William F. Ward

Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Oct. 1886

8. AGE:

Years

Months

Days

If less than one day

614

hrs.

min.

9. Birthplace

Hopewell, Somerset, Md.
(Town, county, and state)

10. Usual occupation

Farmer, Dyeing

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

20. DATE OF DEATH

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw

Immediate cause of death

DURATION

Due to

Due to

Dying condition

(Include pregnancy within month)

Major findings of operation

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did it occur

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE

Address

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)State Maryland County SomersetCity or town Hopewell-Brisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1948 at 9:30 p.m.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw some time 1948

Immediate cause of death

AccidentalDue to Burned to deathDue to this house caught fire & he failed to get out

Dying condition

(Include pregnancy within month)

Major findings of operation

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did it occur

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE

Address

Date signed

24. SIGNATURE

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01994

Reg. Dist. No. 261

1. PLACE OF DEATH:

County... Somerset
 City or town... Rural, Marion
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Rural
 How long in hospital or institution: |||||

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset
 City or town... Rural, Marion
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war... |||||

3. (a) FULL NAME

MABEL VIOLA WILLIAMS

3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>Colored</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife... <u>Milton Williams</u>		
7. Birth date of deceased (mo., day, yr.) <u>June 16, 1919</u>		
6. (c) If alive, give age <u>31</u> years		
8. AGE: Years <u>28</u>	Months <u>7</u>	Days <u>27</u>
If less than one dayhrs.min.		
9. Birthplace... <u>Marion-Somerset-Md.</u> (Town, county, and state)		
10. Usual occupation... <u>Housewife</u>		
11. Industry or business... <u>Home</u>		
12. Name... <u>Milton Jackson</u>		
13. Birthplace... <u>RFD, Marion, Md.</u>		
14. Maiden name... <u>Addie Roberts</u>		
15. Birthplace... <u>RFD, Marion, Md.</u>		
16. Informant... <u>Milton Williams</u>		
Address... <u>RFD, Marion, Md.</u>		
17. (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof... <u>Feb 16, 1948</u> (month) (day) (year)		
Cemetery or crematory... <u>Marumsco Cemetery</u>		
Location... <u>RFD, Marion, Md.</u>		
18. Funeral director... <u>H. Harvey Bradshaw</u>		
Address... <u>Crisfield, Md.</u>		
19. <u>Feb 18th 48</u> <u>Nellie Dryden</u> (Date rec'd by registrar) Registrar		

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1948, at 12:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1947 to Feb. 13th 1948 and that I last saw him alive on Feb 11th 1948

Immediate cause of death... acute decompensation of heart, acute pulmonary T.I.B.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James B. Baughman M. D. or other

Address... Marion, Md. Date signed Feb 18, 1948

